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PTO/SB/01 (3-97)

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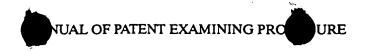
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	Attorney Docket Number					
DECLARATION FOR	First Named Inventor	Kuruvilla, K.				
UTILITY OR DESIGN	COMPLETE IF KNOWN					
ATENT APPLICATION	Application Number	,				
☑ Declaration ☐ Declaration	Filing Date					
Submitted OR Submitted aft	Group Art Unit					
with Initial Initial Filing Filing	Examiner Name					

As a below named inventor, I he	eby declare that:		<del>' , , , , , , , , , , , , , , , , , , ,</del>			
My residence, post office address, and citizenship are as stated below next to my name.						
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled :						
Automatic Door Warning System						
the specification of which		of the Invention)				
is attached hereto						
was filed on (MM/DD/YYYY		as United	d States Applica	tion Number or PCT International		
Application Number	and was	amended on (MM/DD/Y)	YY)	(if applicable).		
I hereby state that I have reviewed amended by any amendment speci	and understand the colically referred to above	ntents of the above identi	ified specificatio	n, including the claims, as		
I acknowledge the duty to disclose § 1.56.	nformation which is ma	aterial to patentability as o	defined in Title 3	37 Code of Federal Regulations,		
I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or §365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.						
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO		
		ļ				
	·····					
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:						
I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.						
Application Number(s)	Filing Date (	MM/DD/YYYY)		onal provisional application		
				ers are listed on a mental priority data sheet		
		[-	• • •	B/02B attached hereto.		

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



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## **DECLARATION-**Utility or Design Patent Application

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.58 which became available between the filing date of the prior application and the national or PCT international filing date of this application.													
	ent App	Application PCT Parent Number					Parent Filing Date (MM/DD/YYYY)				Parent Patent Number (if applicable)		
							(Mary D D) ( T T T )						
Additional	U.S. or P	CT internation	nal applica	tion numbe	rs are listed	ua a no t	pplement	al priority data	sheet P	TO/SB/	02B attached h	ereto.	
As a named inventor, I hereby appoint the following registered practitioners and Trademark Office connected therewith:  Customer Number  OR  Registered practitioners						(s) to prosecute this application and to transact all business in the Pat  Place Customer  Number Bar Code  Label here							
	Nem		<del></del>	Re	gistration		T	Nam			Registration		
Davi		Name Number 37,462				Name Number							
Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.													
Direct all correspondence to: Customer Number or Bar Code Label							ress below						
Name	Εī	OGE CONCEPTS C/O DAVID L. VOLK											
Address		UITE 200											
Address	21	21 NOBLESTOWN ROAD											
City	Pi	TTSBUR	GH				State	PA	ZIP	15	205		
Country	U	5 <b>A</b>		Telep	hone 4	112-9	22-2	800	Fax	412	2-922-0	1385	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.													
Name of Sole or First Inventor:						ntor							
Given Name (first and middle [if any]) Family Name or Surname													
Ke	Kolanparampil K. Kuruvilla												
Inventor's Signature	X	Date X 03						୦୪/3୦/ବୃଷ୍ଟ					
			St	TA PA	<u>,                                    </u>	country USA				Citizenship US			
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City		Lansdale	State	PA		ZIP	1944	6	Cou	ntry	USA		
MAdditional	inventor	re are being	named (	on the	supplem	ental A	ditional	Inventor(s)	sheet(s)	PTO/	SB/02A attac	hed hereto	

Under the Papervert Radu valid CMS control number.

PTC/SB/02A (3-97)

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page of
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Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor							inventor					
Given i	Given Name (first and middle (if anyl)					Family Name or Surname						
Sai	nthamma			+	<i>L</i> uri	willa						
inventor's Signature X	Santhe J	Kuni	ville					C	ate X	5/30/9		
Residence: City	Lansdale State PA				Country USA				Date X 5/30/9 Citizenship India			
Post Office Address	133A Da	wn I	Drive	2								
Post Office Address	8											
City	Lansdale	Stat	PA		229	19446	Countr	, U	SA			
Name of Additio	onal Joint Inventor, If	any:			A petiti	on has been file	d for th	is uns	igned in	ventor		
Given N	ame (first and middle (if a	(ועיו		$\Box$	Family Name or Surname -							
									<u>.</u> .			
Inventor's Signature									Sate			
Residence: City			Country				Citizenship					
Post Office Address										المرب فيجنوا والاستان		
Post Office Address		<u> </u>					-					
City		State			239		Count	77				
Name of Additional Joint Inventor, if any: A patition has been filed for this unsigned inventor												
Given Name (first and middle (if any)) Family Name or Surname												
inventor's Signature								Di	ste			
Residence: City	.State				Country Citizenship							
Post Office Address												
Post Office Address												
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Applicant(s): Kollanparampil K. Kuruvilla, Santhamma Kuruvilla

For: Automatic Door Warning System

## VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS (37 CFR 1.9(f) AND 1.27(b) )- INDEPENDENT INVENTOR.

As a below named Inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled as above and described in the specification filed herewith.

I/We have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization to which I/We have assigned, granted, conveyed, or licensed or am under obligation under contract or law to assign, grant, convey, or license rights in the invention is listed below:

	Persons, concerns or organization listed below*
1	*Note: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entity. (37 CFR 1.27).
Full N	ame
Addres	ssdividual [ ] Small Business Concern [ ] Non-Profit Organization

I/We acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate (37 CFR 1.28(b)).

Small Entity Declaration, Page 1 of 2





I/We hereby declare that all statements made herein of my own knowledge, are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

## **SOLE OR FIRST INVENTOR:**

Full Name: Kollanparampil K. Kuruvilla

Signature

Date

## JOINT INVENTOR

Full Name of Joint Inventor: Santhamma Kuruvilla

Santle Kurunly

( 05/18/98

Small Entity Declaration, Page 2 of 2